

Patient's name:

**St Charles Family Care - Redmond  
Financial Policy**

*All patients must read and sign this document, which will become a permanent part of the patient chart.*

**St. Charles Family Care – Redmond’s expectation is that you will pay all applicable co-pays, deductibles and patient responsibilities AT THE TIME OF SERVICE**

We accept cash, checks, and most major credit cards (excluding American Express). If you are unable to meet your payment obligations, your appointment will be rescheduled to a more convenient time. We appreciate your understanding in this matter.

Please be aware that we will add a \$25.00 charge to your account for returned checks. We reserve the right to send all accounts with balances over 60 days old to an outside collection agency. You may be responsible for all reasonable collections and attorney costs incurred.

**Insurance**

Please note that you, the patient, have a contract with your insurance carrier. We cannot guarantee that your insurance will cover our services. Therefore, we strongly suggest that you verify coverage options with your insurance carrier prior to your appointment. We will gladly bill your insurance carrier for the services we provide, however if your insurance has not paid within 30 days, we reserve the right to make it your responsibility to follow up with them.

It is the patient’s responsibility to notify the clinic of any changes in your insurance coverage. Please bring your insurance card(s) to every visit so we may ensure our records are kept current.

Please be aware that many insurance plans do not cover lab services, procedures or immunizations under their office visit benefit, which can result in greater out-of-pocket expenses for you beyond the office visit co-pay amount. If you have scheduled an annual physical or preventative exam, and you wish the physician to address other concerns during that appointment time, the additional services we provide will be billed to your carrier. This may also result in greater out of pocket expenses to you, such as two office visit co-pays being applied by your insurance during their claims processing.

**Uninsured Patients**

If you plan to pay privately for your services, please be advised that **it is St Charles Family Care - Redmond’s practice to collect payment in full at the time of service.** For your convenience we can offer you a prompt pay discount toward your office visit charge. If you are unable to make payment in full at the time of service, your appointment will be rescheduled to a more convenient time. We appreciate your understanding.

**Workers’ Compensation**

If you believe that your injury is work related, you must tell us **BEFORE** being seen by the doctor. You are required to notify your employer and initiate a work comp claim. You must provide us with complete employer information, claim information (e.g., work comp insurance carrier, claim number), and the details surrounding your injury.

We also require you to furnish us with your regular health insurance information in the event that your work comp carrier denies your claim. If you do not have health insurance and your work comp claim is denied, you will be held responsible for the balance in its entirety.

**Motor Vehicle Accidents (MVA) / Third Party Liability**

We will require all claim details (claim#, contact info, billing address) at the time of your appointment, otherwise we will require payment in full for services rendered for each patient being treated for a MVA/other accident-related injury. We will file claim(s) with the motor vehicle or third party insurance company that you designate, provided we receive all necessary information with which to bill. If the claims are denied, or a protracted lawsuit is involved, the patient is responsible to pay the account balance in full. We will bill your private health insurance for balances left after your personal injury protection (PIP) is exhausted.

**Forms Fees**

Please be advised that we may need to charge you between \$10 - \$25 for additional paperwork that may be required from your work comp carrier, employer, other insurance carriers or attorneys. This fee covers our administrative expenses related to physician/staff time, photocopying, mailing, etc.

**Collection Status Patients**

If your account is in a collection status or a bankruptcy is filed, we will require balances to be resolved before additional services can be provided. Our relationship with you may also need to be terminated if your financial obligations are not met.

**I acknowledge that I have received a copy of this financial policy. I agree to read this document and comply with the terms set forth in this policy for services rendered by St Charles Family Care - Redmond.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date